

DEPARTMENT OF THE NAVY  
Office of the Secretary  
Washington, DC 20350-1000

SECNAVINST 7220.75C  
BUMED-51/OP-134  
31 May 1990

SECNAV INSTRUCTION 7220.75C

From: Secretary of the Navy  
To: All Ships and Stations (less Marine Corps field addressees having Navy personnel attached)

Subj: SPECIAL PAYS FOR MEDICAL CORPS OFFICERS

Ref: (a) Title 37 U.S.C. Section 302, 303a (NOTAL)  
(b) DoD Directive 1340.13 of July 23, 1988 (NOTAL)  
(c) SECNAVINST 6401.2A  
(d) SECNAVINST 6320.23  
(e) SECNAVINST 1920.6A  
(f) Manual of Navy Officer Manpower and Personnel Classifications, NAVPERS 15839F, Volume 1  
(g) Title 11, U.S.C. (NOTAL)  
(h) DoD Directive 7110.1 of October 30, 1980 (NOTAL)  
(i) Navy Pay and Personnel Procedures Manual, NAVSO P-3050  
(j) Department of Defense Military Pay and Allowances Entitlements Manual  
(k) DoD Directive 5154.13 of February 11, 1980 (NOTAL)  
(l) Title 37 U.S.C., section 1001 (NOTAL)

Encl: (1) Medical Officer Retention Bonus (MORB)  
(2) Definition Terms  
(3) Guidelines for Denial or Termination of Additional Special Pay (ASP) or Incentive Special Pay (ISP)  
(4) Sample Additional Special Pay Request for Officers with more than 1 Year of Active Duty Remaining  
(5) Sample Additional Special Pay Request for Officers with less than 1 Year of Active Duty Remaining

(6) Sample Additional Special Pay Request for Officers with a Mandatory Retirement Date

1. **Purpose.** To revise policies and procedures to administer special pays for medical corps officers under references (a) and (b).

2. **Cancellation.** SECNAVINST 7220.75B, ALNAV 012-90, and all memoranda providing authorizations or guidance on medical special pays.

3. **Summary of Changes.** This instruction is a complete revision and should be read in its entirety. Marginal notations are not included. Major changes are:

a. Expands eligibility for Incentive Special Pay (ISP) to include physicians in certain fellowships and second residencies.

b. Allows officers facing mandatory retirement a one-time adjustment of Additional Special Pay (ASP) agreements to coincide with retirement date.

c. Provides for automatic waiver of the unearned portion of ASP, ISP, and Medical Officer Retention Bonus (MORB) in cases of death, or disability.

d. Adds a requirement for a State license, or an approved waiver, to be eligible for ASP, ISP, or MORB.

e. Clarifies rules on eligibility for ASP for officers selected for but not yet in initial residency training.

f. Adds guidelines relating to adverse privileging actions for denial and termination of ASP, ISP, and MORB.

g. Requires officers who have recertified in an eligible specialty to submit a copy of recertification letters to continue Board Certified Pay (BCP).

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h. Changes the effective date for termination of ASP, ISP, and MORB under adverse conditions from the date termination is approved to the date that the commanding officer initiates termination action.

i. Revises deadlines for submission of the annual ISP plan.

j. Adds guidelines for award and management of MORB.

k. Incorporates the MORB, with delegation to the Chief, Bureau of Medicine and Surgery (BUMED) authority to award, and deny, or terminate MORB.

l. Delegates to commanding officers authority to award, and deny, or terminate ASP and ISP.

**4. Policy.** To administer medical special pays to support recruitment and retention of physicians to meet authorized strength in approved medical specialties and to help ensure adequate levels of performance.

a. To pay Variable Special Pay (VSP) to recognize medical corps officers' continued service in the Navy.

b. To pay BCP to recognize medical corps officers' increased qualification through certification in a designated specialty.

c. To pay ASP to enhance retention of medical corps officers who demonstrate adequate levels of military and professional performance.

d. To pay ISP, when needed to assist in alleviating shortages of medical corps officers on active duty, whose performance meets military and professional standards of adequacy.

e. To establish Board Certification Equivalency (BCE) for medical corps officers with substantial advanced training in military unique medical specialties.

f. To pay MORB to enhance retention of medical corps officers as provided in enclosure (1).

**5. Definitions.** The definitions in enclosure (2) apply throughout instruction.

**6. Variable Special Pay (VSP).** An entitlement for medical corps officers who are serving on active duty for periods of at least 1 year.

a. VSP will be paid monthly at the following annual rates:

(1) Officers in internship training:  
\$1,200.

(2) Officers serving in pay grade 07 or above: \$1,000.

(3) All other medical corps officers:

<u>Years of Creditable Service</u>	<u>Annual Rate</u>
Less than 6	\$5,000
6 but less than 8	12,000
8 but less than 10	11,500
10 but less than 12	11,000
12 but less than 14	10,000
14 but less than 18	9,000
18 but less than 22	8,000
22 or more	7,000

b. VSP must be terminated upon separation from active duty or death.

**7. Additional Special Pay (ASP).** An entitlement for medical corps officers who agree to remain on active duty for a period of not less than 1 year as computed from the effective date of the ASP agreement.

a. To be eligible for ASP, the officer must:

(1) Demonstrate an adequate level of military and professional performance as determined and documented by the commanding

officer in the officer fitness report and Individual Credentials File (ICF). Medical officers reporting for their initial tour of extended active duty will be considered to have demonstrated an adequate level of professional performance, since they have been either screened through the Medical Corps Professional Review Board or completed an approved Graduate Medical Education (GME) Program immediately before reporting for active duty.

(2) Possess a valid State license or an approved waiver under reference (c).

(3) Neither be in nor awaiting the start of an internship.

(4) Not be in initial residency training.

(5) Execute a written agreement, prescribed in paragraph 7.

b. ASP will be paid in a lump sum not earlier than the eligibility date of each year of the agreed period of active duty. ASP will be paid at the rate of \$15,000 annually. ASP will be terminated upon separation from active duty, death, entry into initial residency, inadequate performance per paragraphs 7a and 8, or for reasons outlined in enclosure (3).

#### **8. Additional Special Pay Agreements**

a. ASP agreements must be for a period of not less than 1 year. For administrative simplicity ASP agreements may be for more than 1 year to match the length of agreements, including multiple-year agreements, for other medical special pays. The eligibility date must be specified and may not be earlier than the latest of the following dates:

(1) The day of entry upon extended active duty.

(2) The day after completion of internship or initial residency while on active duty.

(3) The day after completion of an immediately preceding agreement if not in an initial residency.

b. Commanding officers are authorized to approve ASP agreements for medical corps officers who have more than 1 year remaining on active duty. The commanding officer's action must be dated within 30 days of the requested effective date and state that the effective date on the agreement has been verified to be correct following this directive. Agreements not approved within 30 days of the eligibility date must be submitted to MED-513 for approval. The commanding officer must provide an explanation of the delay in initiating the ASP agreement. BUMED may approve retroactive ASP agreements when the reason for delay in initiating the ASP agreement was clearly unavoidable and not the fault of the officer. This authority may not be redelegated. See enclosure (4) for the preparation and approval of an ASP agreement.

c. Officers who do not have projected active duty sufficient to be eligible for ASP must obtain approval for extension of active duty from the Commander, Naval Military Personnel Command (COMNAVMILPERSCOM). Requests for extension to remain on active duty must be prepared and endorsed following enclosure (5). Written notification of COMNAVMILPERSCOM approval must be received prior to payment.

d. Officers whose ASP agreements expire and are awaiting commencement of initial residency training may execute an ASP agreement so the interval prior to commencement of initial residency training is covered. ASP must then be terminated and recouped as outlined in paragraphs 9 and 10.

e. Officers facing mandatory retirement may alternatively request termination of their existing ASP agreement by the commanding officer 12 months before retirement. The unearned portion of ASP will be recouped per paragraph 10. The officer may then execute a new ASP agreement for the final year.

The purpose of this one-time termination and restart is to allow career medical officers to match ASP entitlement to their mandatory retirement date. Use enclosure (6) for this termination and restart. This applies only to officers facing mandatory retirement.

f. An officer may not enter into an ASP agreement that extends beyond a requested or approved separation, release, retirement, resignation, or early release from active duty date.

g. In preparing the ISP Plan report required by paragraph 13b, the Director, Naval Medicine (OP-093) will include a supplementary of ASP, ISP, and MORB authorizations, denials, terminations, appeals, and retroactive authorizations with an assessment of the causes of the delays.

#### **9. Termination or Denial of Additional Special Pay**

a. Commanding officers must terminate or deny ASP when one or more of the following conditions exist:

(1) On the day before an officer enters an initial residency training program. Officers who execute ASP agreements after having been accepted for residency training will be required to repay the unearned portion when the residency starts.

(2) Inadequate military or professional performance, documented in the officer fitness report, ICF, or Quality Assurance (QA) program records.

(3) When the officer's clinical privileges have been reduced below the level of full core privileges for Primary Care Medical Officers (PCMO) through adverse credentials action under reference (d).

(4) When the officer is incapacitated or disabled during a period of unauthorized

absence; or when incapacitation or disability is the result of misconduct or gross negligence.

(5) Upon initiation of processing for separation for cause under reference (e), or for relief or detachment for cause.

(6) When the officer is facing a mandatory retirement date and elects to adjust the effective date of ASP following the guidelines of paragraph 8e.

(7) When the officer does not possess a State license, or an approved waiver, and duty assignment requires such license or waiver under reference (c).

b. Commanding officers must terminate or deny ASP when the officer is the subject of adverse credentials action, following the guidelines in enclosure (3).

c. To deny or terminate an existing ASP agreement, the commanding officer must advise the officer in writing, state the reasons for denial or termination, and enclose any supporting documentation not already available to the officer in fitness report, ICFs, and QA documentation. Termination is effective on the date of the commanding officer's action. The commanding officer must report, by letter, denial, or termination of ASP to MED-513.

d. An officer may appeal the denial or termination of ASP. Upon notification, the officer must be given not less than 10 working days to submit an appeal via his or her chain of command to the Director, Naval Medicine (OP-093). The commanding officer's forwarding endorsement must provide substantive comment on the reasons for the appeal and provide copies of all pertinent documents, including fitness reports and ICFs. The commanding officer's decision to deny or terminate ASP is final unless the officer appeals the action. In cases of appeal, the decision of the Director, Naval Medicine is final.

e. The Director, Naval Medicine will convene a Special Pays Review Board to evaluate the officer's appeal, and make a nonbinding recommendation, by majority vote, whether to grant or deny the appeal. The board must be composed of at least three and not more than five senior medical corps officers with a flag officer as the senior member. If the decision is to terminate or deny ASP, the effective date must be the date of the commanding officer's action. If the decision is to grant the officer's appeal, the entitlement date must remain unchanged.

f. Termination or denial of ASP must be for a period of at least 1 full year to allow adequate time to evaluate performance. Processing for separation for cause may be initiated upon denial termination of ASP, and must be initiated following a second successive denial or termination, following the guidelines in reference (e).

g. When ASP has been terminated any entitlement to ISP also must be terminated following paragraph 14. When ASP is reinstated, ISP may also be reinstated provided all other ISP eligibility criteria are met.

**10. Recoupment of Additional Special Pay Indebtedness.** Termination an existing ASP agreement creates an indebtedness to the United States. The officer, therefore, will be required to repay the unearned portion of the ASP on a pro rata basis except in the following circumstances:

a. Death or disability which is not the result of misconduct or willful negligence, and not incurred during a period of unauthorized absence.

b. Separation from military service by operation of law or regulations of the Department of Defense or service regulations, other than separation for cause under reference (e).

c. In other cases when unusual circumstances warrant waiver of the recoupment requirements in the best interest of the

Government. Officers may submit requests with supporting justification to the Chief of Naval Personnel (CHNAVPERS). In cases considered meritorious, the Chief of Naval Operations (CNO) may submit to the Assistant Secretary of the Navy (Manpower and Reserve Affairs) (ASN(M&RA)) a request to the Assistant Secretary of Defense (Health Affairs (ASD(HA))) to waive recoupment.

**11. Board Certified Pay (BCP).** An entitlement for medical corps officers who are board certified in a medical specialty recognized by the American Board of Medical Specialties or the Advisory Board for Osteopathic Specialties or Board Certification Equivalency.

a. BCP will be paid monthly at the following annual rates:

<u>Years of Creditable Service</u>	<u>Annual Rate</u>
Less than 10	\$ 2,500
10 but less than 12	3,500
12 but less than 14	4,000
14 but less than 18	5,000
18 or more	6,000

b. Entitlement to BCP is effective on the date of commencement extended active duty, or the date the officer becomes board certified in the specialty, whichever is later.

c. Board certified pay must be terminated upon expiration of the board certificate or upon loss of certification, separation active duty, or death.

d. BUMED must authorize BCP upon verification of the credential. To receive BCP an officer must submit a request to MED-513, with a copy of the board's letter of notification of certification. BUMED will provide a copy of the approval or denial of the request for BCP to COMNAVMILPERSCOM (NMPC-312) and the Naval Health Sciences Education and Training Command (HSETC).

e. The officer must submit a copy of the board notification of each successful recertification to COMNAVMILPERSCOM (NMPC-312) via MED-513. Failure to do so will result in termination of the BCP entitlement.

**12. Board Certification Equivalency (BCE).** The Director, Naval Medicine may award BCE for advanced medical specialties for which a requirement is authorized by the CNO and identified by a medical specialty classification code in part E of reference (f), but for which there is no board certification recognized by the American Board of Medical Specialties or the Advisory Board for Osteopathic Specialties. BCE will require satisfactory completion a formal postgraduate medical education program of not less than 2 academic years, a minimum of 5 years active duty service in the medical corps beyond GME-1, and credentials review by a Special Pay Review Board convened for that purpose.

**13. Incentive Special Pay (ISP).** An award to medical corps officers intended to assist in alleviating shortages of medical officers who meet specified criteria.

a. ISP is an award made to those officers 0-6 and below who meet the following eligibility criteria:

(1) Agree to remain on active duty for a period of not less than 1 year.

(2) Are not in internship or initial residency.

(3) Demonstrate adequate levels of military and professional performance.

(4) Are fully privileged, as defined in reference (d), in a medical specialty designated as critical and practicing in that specialty as a primary duty.

(5) Are otherwise eligible for ISP under paragraph 13a(4), but in a second residency or fellowship program required for board certification in an advance subspecialty of the

officer's current specialty, for which the CNO has established a requirement in reference (f) and a current or projected strength authorization, or required for a second specialty designated for ISP.

(6) Are in a position or specialty warranting award of ISP based on retention need, unique duty assignment, or hardships, as approved by the ASD(HA).

b. The Secretary of the Navy will authorize the annual ISP plan as follows:

(1) Annually, BUMED in coordination with Deputy Chief of Naval Operations (Manpower, Personnel, and Training) (DCNO(MPT)), will submit a proposed ISP plan with supporting justification for the forthcoming fiscal year via the Vice Chief of Naval Operations (VCNO) to ASN(M&RA). The proposed plan must be delivered by 1 May to ensure submission to ASD(HA) by 15 May each year. The plan must show proposed rates of pay needed to attain current and projected authorized strengths in each specialty.

(2) The supporting justification will include an assessment of the effectiveness of the preceding ISP plan(s) in meeting ISP objectives and supplemental data from paragraph 8g.

(3) Upon approval by ASD(HA), the Director, Naval medicine will issue the plan by message, coordinated with ASN(M&RA), showing the authorized specialties and positions, and the rates of pay.

c. The effective date of eligibility is the latest of the following:

(1) The date of privileging as a medical corps officer in the specialty for which ISP is to be awarded, if not in internship or initial residency.

(2) Not earlier than 1 October of the fiscal year for which the ISP plan is approved.

(3) Not earlier than 1 October of the fiscal year following completion of internship or initial residency while on active duty or following return to active duty from the Navy Active Duty Delayed Specialists Program (NADDS).

d. Commanding officers are authorized to approve ISP agreements for medical corps officers who have more than 1 year remaining on active duty. The commanding officer's action must be dated within 30 days before the requested effective date and state that the effective date on the agreement has been verified to be correct following this instruction. Agreements not approved within 30 days of the eligibility date must be submitted to MED-513 for approval. The commanding officer must provide an explanation of the delay in initiating the ISP agreement. BUMED may approve retroactive ISP agreements when the reason for delay in initiating the ISP agreement was both clearly unavoidable and not the fault of the officer. This authority may not be redelegated. Requests and approvals must be made following the examples in enclosure (4) changing ASP to ISP where appropriate.

e. Officers who do not have projected active duty sufficient to be eligible for ISP must obtain extension of active duty from COMNAVMIL-PERSCOM. Requests for extension on active duty must be prepared and endorsed following the example in enclosure (5), changing ASP to ISP where appropriate. Written notification of COMNAVMILPERSCOM approval must be received before payment.

f. Each medical corps officer accepting ISP must maintain all eligibility criteria throughout the agreement year. Commanding officers must terminate ISP of officers who fail to maintain eligibility.

g. When unusual circumstances warrant waiver of eligibility requirements, BUMED may submit, with supporting justification, a request from ASN(M&RA) to ASD(HA) for such a waiver.

#### 14. Termination or Denial of Incentive Special Pay

a. Commanding officers must terminate or deny ISP when one or more of the following conditions exist:

(1) Upon separation from active duty or death.

(2) On the day before an officer enters an initial residency training program. Officers who execute ISP agreements after having been accepted for residency training will be required to repay the unearned portion when the residency starts.

(3) Inadequate military or professional performance, documented in the officer fitness report, ICF, or QA program records.

(4) Upon initiation of processing for separation for cause under reference (e), or for relief or detachment for cause.

(5) When the officer is incapacitated or disabled during a period of unauthorized absence, or when incapacitation or disability is the result of misconduct or gross negligence.

(6) When the officer's clinical privileges have been reduced below the level of core privileges prescribed for the specialty for which ISP was authorized due to an adverse credentials action under reference (d).

(7) When the officer is facing a mandatory retirement date and elects to adjust the effective date of ISP following the guidelines of paragraph 9d.

(8) When the officer does not possess a State license, or an approved waiver, and duty assignment requires such license or waiver under reference (c).

b. Commanding officers must terminate or deny ISP when the officer is subject to adverse credentials action following the guidelines in enclosure (3).

c. To deny or terminate an existing ISP agreement, except upon separation or death, the commanding officer must advise the officer in writing, state the reasons for the action, and enclose any supporting documentation not already available to the officer in fitness reports, ICF, and QA documentation. Termination is effective on the date of the commanding officer's action. The commanding officer will report, by letter, denial or termination of ISP to MED-513.

d. An officer may appeal the denial or termination of ISP. Upon notification, the officer must be given not less than 10 working days to submit an appeal via his or her chain of command to the Director, Naval Medicine. The commanding officer's forwarding endorsement must provide substantive comment on the reasons for the appeal and provide copies of all pertinent documents, including fitness reports and ICFs. The commanding officer's decision to deny or terminate ISP is final unless the officer appeals the action. In cases of appeal, the decision of the Director, Naval Medicine is final.

e. The Director, Naval Medicine will convene a Special Pays Review Board to evaluate the officer's appeal, and make a nonbinding recommendation by majority vote, whether to grant or deny the appeal. The board must be composed of at least three, but not more than five senior medical corps officers with a flag officer as the senior member. If the decision is to deny the appeal, the effective date of denial or termination must be the date of the commanding officer's action. If the decision is to grant the officer's appeal, the entitlement date must remain unchanged.

f. Termination or denial of ISP must be for a period of at least 1 full year to allow adequate time to evaluate performance. Processing for separation for cause may be initiated upon denial or termination of ISP and must be initiated following a second successive denial or

termination following the guidelines of reference (e).

g. ISP may not be reinstated during a period when ASP has been denied or terminated.

**15. Recoupment of Incentive Special Pay Indebtedness.** Termination of an existing ISP agreement creates an indebtedness to the United States. The officer, therefore, will be required to repay the unearned portion of the ISP on a pro rata basis except in the following circumstances:

a. Death or disability which is not the result of misconduct or willful negligence, and not incurred during a period of unauthorized absence.

b. Separation from military service by operation of law or regulations of the Department of Defense or service regulations, other than separation for cause under reference (e).

c. In other cases when unusual circumstances warrant waiver of the recoupment requirements in the best interest of the Government. Officers may submit requests with supporting justification to CHNAVPERS. In cases considered meritorious, CHNAVPERS may submit to ASN(M&RA) a request to the ASD(HA) to waive the requirement for recoupment.

d. Upon the promotion to the grade of 0-7. Frocking to the paygrade of 0-7 does not constitute promotion for pay purposes, and ISP will not be terminated upon frocking.

**16. Discharge of Bankruptcy.** A discharge in bankruptcy, under reference (g), does not release an officer from the obligation to repay the unearned portion of ASP, ISP, or MORB if the final decree of the discharge in bankruptcy was issued within a period of 5 years after the last day of a period which the officer agreed to serve on active duty.



This applies to a discharge in bankruptcy in any proceeding which begins after 30 September 1985.

**17. Responsibilities**

a. The ASN(M&RA) is responsible for overall policy, control, and execution of the Medical Corps Special Pay Program.

b. The CNO is responsible for the conduct and effectiveness of the Medical Corps Special Pay program.

c. The DCNO(MPT), under the CNO, is responsible for:

(1) In coordination with the Chief, Bureau of Medicine and Surgery, development and execution of the ISP plan.

(2) Planning, programming, and budgeting for medical special pays in consultation with the Director, Naval Medicine per reference (h).

d. BUMED, under the CNO, is responsible for:

(1) Initiating and, in coordination with DCNO(MPT), developing the ISP plan. Execution of the approved plan in compliance with the policies and procedures in this instruction.

(2) Award of BCE.

(3) Decision in appeal of denial and termination of ASP, ISP, and MORB.

e. Commanding officers are responsible for the award and termination of ASP and ISP following paragraphs 8, 9, 13, and 14 of this instruction.

**18. Payment.** Payment of special pays awarded under this instruction must be made following the procedures in references (i) and (j).

**19. Entitlements Approval.** The entitlement portion of this instruction was approved following the Department of Defense Military Pay and Allowance Committee on 20 July 1989 under references (k) and (l).

**20. Reports.** Reporting requirements in paragraphs 9c and 14c, are exempt from reports control under SECNAVINST 5214.2B. The ISP and MORB reports required by paragraphs 13b(1) and 8g, and paragraph 15 of enclosure (1) are assigned report control symbol DD-HA(SA)1562(7220) and are approved for 3 years from the date of this instruction.

H. LAWRENCE GARRETT, III  
Secretary of the Navy

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31 May 90

MEDICAL OFFICER RETENTION BONUS (MORB)

Ref: (a) Public Law 101-189, Section 703 (NOTAL)  
(b) Title 37, USC, Chapter 5 (NOTAL)  
(c) OSD(HA) ASSTSECDEF memorandum, Fiscal Year 1990 Medical Officer Retention Bonus of 19 Dec 89 (NOTAL)

1. This enclosure implements the MORB established by references (a) through (c). Effective 1 January 1989 and ending 30 September 1990 eligible medical corps officers may be awarded the MORB following this enclosure.

2. MORB is an award to medical corps officers intended to alleviate the most severe shortfalls in medical specialties. This bonus is additive to all other Medical Officer Special Pays.

3. FY 89 MORB anniversary payments will be continued per agreements made. FY 90 MORB will be awarded to medical corps officers 0-6 and below who meet all of the following eligibility requirements:

a. Have at least 8 years of creditable service, computed from Health Professional Pay Entry Date (HPPED).

b. Have completed or will complete initial residency training before 1 October 1991.

c. Not be undergoing a subsequent period of medical residency fellowship.

c. Contract for 2, 3, or 4 years beyond the existing obligation for scholarship or residency training.

d. Be fully qualified in a designated specialty throughout the period of obligation.

e. Demonstrate adequate levels of military and professional performance.

4. MORB will be paid in a lump sum, at the beginning of each contract year, at the following annual rates:

Enclosure (1)

<u>Specialty</u>	<u>Contract Length</u>		
	<u>2 years</u>	<u>3 years</u>	<u>4 years</u>
Surgery:	\$10,000	\$15,000	\$20,000
general, peripheral, vascular, pediatrics, colon-rectal, neuro, plastic, cardio-thoracic, and orthopedic			
Anesthesiology, ophthalmology	8,000	12,000	16,000
otolaryngology, and urology			
Diagnostic/therapeutic radiology, nuclear medicine	10,000	15,000	20,000
OB/GYN	2,000	7,000	12,000
Cardiology	3,000	6,000	10,000
Dermatology	11,000	14,000	18,000
Gastroenterology and emergency medicine	3,000	5,000	7,000
Internal medicine specialties:	11,000	13,000	15,000
allergy/immunology, endocrin- ology, hematology, infectious disease, nephrology, pulmonary, rheumatology, and tropical			
Pediatric subspecialties:	11,000	13,000	15,000
adolescent, allergy/immunology, endocrinology, gastroenterology, genetics, hematology, infectious disease, nephrology, neonatology, neurology, and rheumatology			
Undersea medicine	1,500	3,000	8,000
Aerospace medicine	1,500	3,000	8,000
Occupational medicine	1,500	3,000	8,000
Preventive medicine	1,500	3,000	8,000
Neurology	1,500	3,000	8,000
Pathology	1,500	3,000	8,000
Psychiatry	1,500	3,000	8,000
General internal medicine	1,500	3,000	8,000
General pediatrics	1,500	3,000	8,000
Family practice	1,500	3,000	8,000
General practice (must be AOA Board Certified)	1,500	3,000	8,000
Physical medicine	1,500	3,000	8,000
Hyperbaric medicine	1,500	3,000	8,000

5. The specialties of general medical officer and flight surgery and all other specialties not included in paragraph 4 are not eligible for the MORB.

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6. The active duty service obligation for the MORB begins after any preexisting obligation for medical education and training. The MORB contract obligation may be served concurrent with other existing obligations, such as ASP, ISP, promotion, etc.
7. Service obligation incurred for Full-Time Inservice (FTIS) medical training after execution of a MORB contract will be served concurrently with the MORB obligation. Service obligation for Full-Time Outservice (FTOS) medical training incurred after execution of a MORB contract will be served following the MORB obligation.
8. MORB recipients with a remaining training obligation must be explicitly aware that their MORB bonus payments and obligation are not synchronized. MORB bonus payments are made annually upon execution of the written agreement while the actual obligation period can begin 1 or more years later. For example, a recipient remaining obligation could receive MORB payments on 1 January 1989 and 1 January 1990 but have a MORB obligation of 1 September 1991 to 31 August 1993.
9. Denial and termination of MORB must be executed following the guidelines established for denial and termination of ISP in paragraph 14 of the basic instruction and enclosure (3).
10. Refund, on a pro rata basis, is required from officers who fail to complete the total period of active duty in the MORB agreement. Recoupment must be conducted following the procedure established for ISP in paragraph 15 of the basic instruction. The discharge in bankruptcy provision of paragraph 16 of the basic instruction must also be applied to MORB. Promotion to O-7 terminates MORB entitlement and recoupment of the unearned portion of a payment is required.
11. Unless otherwise provided by law, medical corps officers with MORB contracts who would be eligible for larger payments under future special legislation proposed by the Secretary of Defense will have the option of executing a superseding agreement under the new legislation providing the new agreement would extend to or beyond the MORB obligation.
12. Application procedures: Officers who became eligible for MORB on any date between 1 January 1989 and 30 September 1989 were allowed to submit advance applications. The deadline for submitting all other applications is 30 September 1990. Applications must be submitted in the enclosed format. Applications received by BUMED will be acted upon within 30 days. Applications approved by the Director, Naval Medicine, will normally have an effective date not earlier than the date approved. Requests for specific effective dates must be executed by the officer on or before the requested date.

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13. Commanding officers endorsements must make a specific recommendation on approval or denial.

14. Message requests may be used from overseas or deployed units.

15. The Director, Naval Medicine will submit the reports required by reference (c) of this enclosure to ASD(HA) via DCNO (MPT) and ASN(M&RA).

SECNAVINST 7220.75C

31 May 90

SAMPLE APPLICATION FOR MEDICAL OFFICER RETENTION BONUS (MORB)

Date

From: LCDR John L. Doe, MC, USN, 123-45-6789/2100  
To: Chief, Bureau of Medicine and Surgery (MED-513)  
Via: Commanding Officer, USS EVERSAIL (CV-35)

Subj: REQUEST FOR MEDICAL OFFICER RETENTION BONUS (MORB)

Ref: (a) SECNAVINST 7220.75C

1. I hereby apply for Medical Officer Retention Bonus (MORB) effective (upon approval) (or a specific date after the date of request) per reference (a). If my application is approved, I agree not to submit a resignation or request release from active duty effective during this MORB service obligation. (Reservist use following sentence:) I consent to serve on active duty as a medical corps officer for a period of (\_\_\_\_) years beyond the commencement of the MORB service obligation. This obligation will be for a period of (\_\_\_\_) years beyond any existing active military service obligation for education or training. This obligation entitles me to special pay of (\$\_\_\_\_) per year for (\_\_\_\_) years as a (qualifying specialty). I understand that upon approval and receipt of the first payment this application is binding.

2. I understand, and agree to be bound by, the provisions of this agreement and reference (a) relating to termination of MORB, termination of this service obligation and the circumstances under which recoupment of MORB payments may be required.

3. I understand that the Chief, Bureau of Medicine and Surgery (BUMED) must validate my eligibility for MORB. If I do not meet the eligibility requirements, this application will be returned without action and I may reapply at a later date if eligible. I also understand that BUMED must validate the total amount of MORB for which I am qualified. If the amount due differs from that which I calculated, I (will/will not) accept the determination of BUMED. If I do not accept such determination, I understand that my application will be returned without action and that I will be free to reapply at a later date. The following information is provided and certified to be true and accurate:

Health Professional Pay Entry date (YYMMDD):  
Obligated Service Date for Education or Training (YYMM):  
Reserve officers: Release from active duty (RAD) date:  
Specialty for which request is made:  
Phone Number (AUTOVON):

(Signature of officer)

31 May 90

DEFINITION OF TERMS

1. Board Certified. Certified or recertified in a medical or osteopathic specialty by successfully meeting specified postgraduate training, and experience requirements in that specialty as established by an American Medical or Osteopathic Specialty Examining Board which is recognized by the American Board of Medical Specialties or the Advisory Board for Osteopathic Specialties or awarded board certification equivalency by the Director, Naval Medicine.
2. Creditable Service. The years of service counted in establishing Health Professional Pay Entry Date under the 37 U.S.C. 302. It consists of:
  - a. All periods on active service in the medical corps of the Army or Navy, as an officer of the Air Force designated as a medical officer, or as a medical officer of the Public Health Service.
  - b. All periods that the officer spent successfully completing medical or osteopathic internship and residency training while not on active duty.
3. Critical Specialty. A medical specialty that is manned at, or is projected within 2 fiscal years to be manned with fully qualified physicians at less than 95 percent of authorized allowance, or has been designated as wartime critical by the ASD(HA).
4. Estimated Loss Date. That date which represents a requested or approved separation, release, retirement, resignation, or early release from active duty.
5. Fully Qualified. A physician that has completed a residency training program or is board certified or board eligible in a medical specialty and is privileged to practice medicine in that specialty under reference (d).
6. Health Professional Pay Entry Date (HPPED). The date used to determine years of active service for purposes of calculating medical special pay entitlements under this instruction. HPPED is computed by backdating the professional service date (PSD) by the amount of service credited for medical education under paragraph 2 of this enclosure.

7. Initial Residency Training. That period of time in residency training before formal completion of an officer's first residency qualifies the officer to take the specialty board including (if a first residency) training required to qualify the officer for board certification equivalency.

8. Medical Corps Officer. An officer of the Navy medical corps.

9. Internship Training. The first year of graduate medical education (GME) immediately following medical or osteopathic medicine school, whether a formal internship or the first year of a residency. For the purposes of VSP this includes the period during which the active duty medical corps officer is waiting to begin internship training, and waiting separation because of failure to complete that training.

10. Residency. A formal program of medical or osteopathic specialty or subspecialty training.

11. Medical or Osteopathic Specialty. Any specialty for which there is a requirement authorized by the Chief of Naval Operations identified in reference (f) by a specialty skill identifier number in an area of medical or osteopathic expertise.

12. Medical Corps Officers Special Pays Review Board. A board of senior medical corps officers, convened to make recommendations to the Director, Naval Medicine on appeals from termination or denial of ASP or ISP, and also on qualifications for BCE.

13. Professional Service Date (PSD). The beginning date of total creditable active service under paragraph 2a of this enclosure, calculated as if it was served continuously, without a break. The PSD should be reestablished at the beginning of each period of creditable active service after a break in active service.



GUIDELINES FOR DENIAL OR TERMINATION OF ASP, ISP, OR MORB

<u>Privileging Action</u>	<u>Additional Special Pay</u>	<u>Incentive Special Pay and MORB</u>
1. Abeyance of privileges.	1. Do not terminate. Defer action on requests until abeyance resolved.	1. Do not terminate. Defer action on requests until abeyance resolved.
2. Suspension.	2. Do not terminate. Defer action on requests until suspension resolved.*	2. Do not terminate. Defer action on requests until suspension resolved.*
3. Limitation of provider's core privileges.	3. Deny or terminate on date of CO's decision to limit.**	3. Deny or terminate on date of CO's decision to limit.**
4. Limitation of provider's supplemental privileges.	4. No action.	4. Deny or terminate if the supplemental privileges are needed for performance of duty in the specialty or in the billet for which awarded.
5. Revocation of privileges ISP or MORB.	5. Deny or terminate on date of CO's decision to revoke.**	5. Deny or terminate on date of CO's decision to revoke.**
6. Reinstatement of privileges.	6. Grant ASP if otherwise eligible.	6. Grant ISP, MORB if otherwise eligible.

7. Commanding officers report to MED-513 whether pay actions have or have not been initiated incident to their decision limit or revoke provider privileges under reference (d).

8. Do not terminate or deny ASP, ISP, or MORB if the privileging action is for a temporary physical disability which results in temporary limited duty per SECNAVINST 1850.4C. Do terminate or deny upon referral to the Disability Evaluation System. NOTE: Follow paragraph 8 of this enclosure on recoupment of pays.

\* If the suspension is lifted and privileges restored, complete action on requests retroactive to the original requested date.

\*\* If officer appeals defer recoupment until appeal is decided. Termination date is date of commanding officer's decision.

SECNAVINST 7220.75C  
31 May 90

SAMPLE ADDITIONAL SPECIAL PAY REQUEST FOR OFFICERS  
WITH MORE THAN 1 YEAR OF ACTIVE DUTY REMAINING

7220  
Date

From: Lieutenant Commander James L. Doe, MC, USNR,  
234-56-7890/2105  
To: Commanding Officer, USS EVERSAIL (CV-35)  
Subj: ACTIVE DUTY AGREEMENT FOR MEDICAL ADDITIONAL SPECIAL PAY  
Ref: (a) SECNAVINST 7220.75C  
(b) SECNAVINST 1920.6A

1. Under reference (a), I hereby agree to remain on active duty for a period of 1 year from \_\_\_\_\_.
2. Conditions of the agreement. I understand that:
  - a. The 1 year of continuous active duty that I agree to serve, will be effective on \_\_\_\_\_.
  - b. Medical additional special pay (ASP) in the amount of \$\_\_\_\_\_ and with an effective date of \_\_\_\_\_, may not be paid before approval of this agreement by my commanding officer.
  - c. Director, Naval Medicine may terminate this agreement for any reason enumerated in reference (a), paragraph 9 of basic instruction.
  - d. In the event of termination, I must repay unearned ASP on a pro rata basis following reference (a), paragraph 10 of basic instruction.
  - e. Termination of ASP does not, in itself, relieve me of requirements to complete statutory and educational service obligations. Release from active duty is governed by reference (b).

JAMES L. DOE

Enclosure (4)

SECNAVINST 7220.75C  
31 May 90

7220  
Serial  
Date

From: Commanding Officer, USS EVERSAIL (CV-35)  
To: Lieutenant Commander James L. Doe, MC, USNR,  
234-56-7890/2105

Subj: ACTIVE DUTY AGREEMENT FOR MEDICAL ADDITIONAL SPECIAL PAY

Encl: (1) Your letter 7220 dated

1. Enclosure (1) is returned, approved. (or disapproved)
2. (ASP is disapproved because ...).
3. The effective date of this agreement and the dollar award have been verified to be correct. You have at least 1 year of active duty to serve from the effective date of this agreement.
4. The disbursing officer is authorized to initiate appropriate pay action on the approved agreement following reference (a) of enclosure (1).

I. M. CAPTAIN

Copy to:  
COMNAVMILPERSCOM (NMPC-4415)  
BUMED (MED-513)  
Service Record  
Disbursing Officer

Enclosure (4)

SECNAVINST 7220.75C  
31 May 90

SAMPLE ADDITIONAL SPECIAL PAY REQUEST FOR OFFICERS  
WITH LESS THAN 1 YEAR OF ACTIVE DUTY REMAINING

7220  
Date

From: Lieutenant Commander James L. Doe, MC, USNR,  
234-56-7890/2105  
To: Commander, Naval Military Personnel Command (NMPC-4415)  
Via: (1) Commanding Officer, USS EVERSAIL (CV-35)  
(2) Chief, Bureau of Medicine Surgery, Washington, DC  
(MED-513)

Subj: REQUEST FOR AN EXTENSION OF ACTIVE DUTY FOR MEDICAL  
ADDITIONAL SPECIAL PAY

Ref: (a) SECNAVINST 7220.75C  
(b) SECNAVINST 1920.6A

1. Under references (a) and (b), I request to remain on active  
duty for a continuous period of 1 year from \_\_\_\_\_.

2. Conditions of agreement. I understand that:

a. The 1 year of continuous active duty that I request to  
serve will be effective on \_\_\_\_\_.

b. Medical additional special pay (ASP) in the amount of  
\$\_\_\_\_\_ and with an effective date of \_\_\_\_\_, may not  
be paid before approval of this request by the Commander, Naval  
Military Personnel Command.

c. Director, Naval Medicine may terminate this agreement for  
any reason enumerated in reference (a), paragraph 9 of basic  
instruction.

d. In the event of termination, I must repay unearned ASP on  
a pro rata basis following reference (a), paragraph 10 of basic  
instruction.

e. Termination of ASP does not, in itself, relieve me of  
requirements to complete statutory and educational service  
obligations. Release from active duty is governed by  
reference (b).

JAMES L. DOE

Enclosure (5)

SECNAVINST 7220.75C  
31 May 90

7220  
Serial  
Date

FIRST ENDORSEMENT on LCDR JAMES L. DOE, MC, USNR,  
234-56-7890/2105 ltr of

From: Commanding Officer, USS EVERSAIL (CV-35)  
To: Commander, Naval Military Personnel Command (NMPC-4415)  
Via: Chief, Bureau of Medicine and Surgery (MED-513)

Subj: REQUEST FOR AN EXTENSION OF ACTIVE DUTY FOR MEDICAL  
ADDITIONAL SPECIAL PAY

1. Forwarded, recommending approval. (or disapproval)
2. (Returned disapproved. ASP is denied because ...).
3. The effective date of this agreement and the dollar award have been verified to be correct.
4. Payment is not authorized before receipt of written notification approval of the requested extension of active duty.

I. M. CAPTAIN

Copy to:  
Service Record  
Disbursing Officer  
Lieutenant Commander Doe

SECNAVINST 7220.75C  
31 May 90

ADDITIONAL SPECIAL PAY REQUEST FOR OFFICERS  
WITH A MANDATORY RETIREMENT DATE

7220  
Date

From: Lieutenant Commander James L. Doe, MC, USNR,  
234-56-7890/2105  
To: Commanding Officer, USS EVERSAIL (CV-35)  
Subj: TERMINATION OF CURRENT ADDITIONAL SPECIAL PAY (ASP)  
CONTRACT AND INITIATION OF A NEW CONTRACT  
Ref: (a) SECNAVINST 7220.75C  
(b) SECNAVINST 1920.6A

1. Under reference (a), I request to remain on active duty for a continuous period of 1 year from \_\_\_\_\_.

2. Conditions of agreement. I understand that:

a. My current ASP contract dated \_\_\_\_\_ will be terminated as of (1 day before date in paragraph 1). I will repay the unearned portion of this ASP contract incident to award of ASP for the new contract.

b. Upon approval of this contract by my commanding officer, I will enter into this new ASP contract and be paid ASP in the amount of \$ \_\_\_\_\_ for 1 year of continuous active duty beginning on (same date as in paragraph 1), less the unearned portion of the superseded contract.

c. Director, Naval Medicine may terminate this agreement for any reason enumerated in reference (a), paragraph 9 of basic instruction.

d. In the event of termination, I must repay unearned ASP on a pro rata basis following reference (a), paragraph 10 of basic instruction.

e. Termination of ASP does not, in itself, relieve me of requirements to complete statutory and educational service obligations. Release from active duty is governed by reference (b).

JAMES L. DOE

Enclosure (6)